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VIA FACSIMILE: 571-273-8300PATENT  
BAY01 P-100

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group : 3725  
Examiner : Shelley M. Self  
Applicant : Dale R. Peterson  
Serial No. : 10/669,109  
Filing Date : September 23, 2003  
For : DISC-TYPE STUMP GRINDER

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450  
Via Facsimile: 571-273-8300

Dear Madam:


CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being facsimile transmitted to the Patent and Trademark Office on the date shown below:

1. Claims As Amended Transmittal Sheet (1 page, in duplicate)
2. Response (16 pages)

YOU SHOULD RECEIVE A TOTAL OF 19 PAGES.

Date: June 16, 2006

  
Susan L. Gasper  
Van Dyke, Gardner, Linn & Burkhart, LLP  
2851 Charlevoix Drive, S.E., Suite 207  
P.O. Box 888695  
Grand Rapids, Michigan 49588-8695  
(616) 975-5500

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Dear Madam:

Transmitted herewith is an amendment in the above identified application.  
The fee has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	* 28	Minus	** 45	= 0	x \$25	\$ .00	x \$50	\$ .00
Independent Claims	* 3	Minus	*** 6	= 0	x \$100	\$ .00	x \$200	\$ .00
First Presentation of Multiple Dependent Claims					\$180	\$ .00	x \$360	\$ .00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ .00		\$ .00

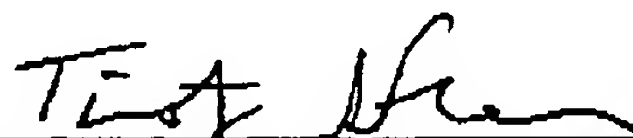
- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
 \*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
 \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  
 The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. ☐ Small entity status of this application has been established.
2. ☒ No additional Fee is required.
3. ☐ A check in the amount of \$ \_\_\_\_\_ is attached.
4. ☒ Please charge any additional fees or credit overpayment to Deposit Account No. 22-0190.  
A duplicate copy of this sheet is attached.

VAN DYKE, GARDNER, LINN & BURKHART, LLP

Date: June 16, 2006

By



Timothy A. Flory, Registration No. 42 540  
2851 Charlevoix Drive, S.E.  
P.O. Box 888695  
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Dear Madam:

**RESPONSE**

Responsive to the Office Action mailed March 29, 2006, Applicant wishes to amend the application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 10 of this paper.

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